

COMMUNITY ORGANIZATIONAL HEALTH
SANTÉ DES ORGANISMES COMMUNAUTAIRES

WOOLWICH COMMUNITY HEALTH CENTRE

**FINAL REPORT
OF THE
BUILDING HEALTHIER ORGANIZATIONS REVIEW**

Date of Review: January 14 to 18, 2001
Date of Report: April 3, 2001

OVERVIEW OF THE BHO PROCESS

The Building Healthier Organizations¹ (BHO) review process to date has involved:

- Woolwich Community Health Centre (WCHC) signing the BHO Application for Review on July 28, 1998;
- a survey being sent to 27 community partners identified by WCHC and 21 responses being compiled into a report;
- the assembly of the review team, composed of:
 - Zelda Shore, Community Organizational Health (COH) Consultant, Team Leader;
 - Susan Bland, Executive Director, The Youth Centre;
 - Lorraine Thomson, Nurse Practitioner/Team Leader, West Elgin Community Health Centre;
- the review of preparatory documents;
- the on-site portion of the review, including a tour of the centre and the community;
- a total of six interviews involving 21 people being conducted;
- observations of WCHC;
- a review of WCHC documents consistent with the BHO documents checklist;
- verbal reports being presented to the executive director, the board of directors and staff on January 18, 2001;
- a preliminary report sent to WCHC on January 31, 2001;
- a response to the preliminary report from the chair of the WCHC board dated March 6, 2001;
- a review of the response by the review team and a sub-committee of the COH board of directors;
- consideration of WCHC's accreditation status at the March 16, 2001 COH board meeting.

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BHO LEVELS

There are three levels in BHO, defined in the BHO manual as follows:

- Level 1: Accreditation
- Level 2: Integration
- Level 3: Innovation

All BHO accreditation requirements must be met for an organization to achieve full accreditation status. Similarly, all BHO integration requirements must be met for an organization to be identified as functioning at the integration level in a specific component. The integration level builds on the accreditation level.

Innovation is independent of the other two levels. It is sporadic and specific to a particular activity. In theory, an organization can be innovative and still not meet the accreditation level requirements.

THE ACCREDITATION DECISION

At its March 16, 2001 meeting, the board of directors of Community Organizational Health made the decision to grant Woolwich Community Health Centre full accreditation.

This means that Woolwich Community Health Centre has achieved the accreditation level in each of the components within BHO. As detailed in the report, the centre has also achieved integration and innovation in a number of areas. The board and staff of WCHC are congratulated on this significant accomplishment.

THE CENTRE AND THIS REPORT

The review team found Woolwich Community Health Centre (WCHC) to be an exceptional organization evidenced by the strong sense of community ownership and pride in what is obviously a "treasured resource" and the reflection of this in its governance, management and service delivery. The centre has revisited and revised its values as a first step in developing its latest strategic plan. It is clear that the values are shared across the organization and are felt to be consistent with the values of the community at large. In the past year the centre dealt with the need to replace the retiring executive director who had been with the centre from the beginning. An understanding of and commitment to health promotion permeates all facets of the centre's work from planning to service delivery. A broad range of services meet the identified needs of an equally broad range of community members. A commitment to provide services to the Mennonite communities has resulted in culturally sensitive, accessible services. Volunteers play a valued role in support of many areas of the centre.

The findings in this report are presented in a narrative form, building block by building block. Wherever it has been suggested that the centre take action, the specific BHO question number is noted beside the comments. For a detailed explanation of the building blocks and the questions which relate to areas for growth, please see the BHO Manual.

A table summarizing the BHO findings is attached as an appendix to this report.

GOVERNANCE BUILDING BLOCK

Overall Findings

WCHC meets BHO accreditation requirements in all of the components of this building block.

WCHC meets BHO integration requirements in the following components of this building block:

- Trusteeship;
- Beliefs and Principles.

Note: There are no integration level requirements for the Hiring, Firing, Supporting and Appraising the Executive Director component.

1. Board Establishment and Development

Community representatives were very involved in the creation of the health centre. This continued commitment and pride in ownership is clearly evidenced by the number of long-standing board members. The board is stable with one position currently vacant as a result of a member moving out of the country. A diversity of skills and experience are represented on the board and membership is consistent with the centre's by-laws.

Board committees composed of board, staff and community representation assist the board in its work. These committees have terms of reference which are built on the organization's operational values and connected to its strategic directions.

WCHC's by-laws were reviewed, revised and approved in November 2000. The Governance Committee of the board, struck in October 2000, took the leadership role in reviewing and recommending revisions to the by-laws. This committee will also be the mechanism through which the board explores its understanding of its responsibilities and makes revisions to board-related documents to reflect this understanding.

The need for a conflict of interest policy specific to board members was also identified at this time and a policy was created.

Board orientation is a strength at WCHC. A comprehensive board orientation manual describes the board structure, roles and responsibilities of board members. The board has recognized the importance of orienting new as well as current members and the review of this manual and mechanisms for its use with board members is on the agenda of the Governance Committee.

The board reviews its membership to identify critical and anticipated needs and has

access to new board members through its committee structure. The current by-laws of WCHC do not stipulate a maximum term for board membership. The review team was in awe of the length of service of many board members which certainly speaks to the commitment and involvement of community members. Though there are many positives associated with long-term involvement, the review team encourages the board to consider the advantages of establishing a maximum term with a view to succession planning (BHO question 3.1.1.11).

It is noted under the component Trusteeship that the board uses a number of mechanisms to monitor the work for which it has a responsibility. However, the board also has a responsibility to assess its own performance and the performance of its structures against its goals and objectives. The review team suggests that the board develop and implement an annual board evaluation tool to provide feedback on key board functions and the link to the organization's strategic directions (BHO question 3.1.2.03).

There are many models of governance in the non-profit sector. The review team is not advocating for any particular model, however, it encourages the board of WCHC to explore the various models and have a discussion regarding a joint understanding of the approach taken by the board. Clarification and understanding of its chosen model of governance will assist the board in defining its roles and will be helpful in recruiting new board members (BHO question 3.1.2.08).

2. Trusteeship

The lines of accountability throughout the organization are clearly defined through the organizational chart. A number of mechanisms keep the board informed of the activities of the organization (e.g., executive director's monthly reports, staff representation on board committees, board participation in centre activities and events).

There is a strong commitment to community input in the governance of WCHC. This is demonstrated in many ways -- the diversity of skills and experience of board members, the opportunity for community representation on board committees and advisory groups, the participation of community representatives in planning exercises and the networking of board members (the eyes and ears of the community).

At the annual general meeting the board ensures that the membership appoints the auditors for the next year. The by-laws have recently been changed and approved by the board to give directors the authority to set the audit fee. This by-law change will be recommended for ratification to the membership at the next AGM (June 2001).

The review team noted that the board successfully uses a number of mechanisms to monitor the work of the organization (e.g., quarterly financial statements, auditor's report, staff and board feedback regarding committee work).

It is clear that the rights of clients, staff and volunteers are clearly understood and articulated throughout the organization both in policy and in practice.

3. Beliefs and Principles

The centre has clearly stated and visibly posted vision and mission statements. Its philosophy and operational values (i.e., beliefs and principles) are well articulated and provide the foundation for service development and delivery. These were reviewed for relevancy in November 1999. Support and commitment to these beliefs and principles are reflected in the way in which the board governs, in its planning processes and in every day practice across programs and services.

A philosophy of community ownership and partnership is expressed in the obvious importance of this organization in the community. This has occurred through board emphasis on empowerment, accessibility and a holistic approach to the delivery of health services.

Another indication of the commitment to the centre's values is the use of a formalized "Problem/Opportunity Solving Tool" against which compliance with the centre's operational values when making decisions is measured.

4. Strategic Thinking

In 1998 WCHC began its second strategic planning exercise -- a three phase exercise. In the first phase, completed in November 1999, a community needs assessment was undertaken. This resulted in a revision of the vision, mission, philosophy, operating values and priority populations. The second and third phases involve an assessment of the organization's resources and capacity to fulfill its new mission and a process of scenario planning to set future directions. There is an understanding that this particular strategic planning exercise spans a period of time resulting in the potential to lose momentum under the pressures of the day to day work. The review team encourages the centre to maintain a focus on the planning phases and continue to move the process forward (BHO question 3.4.2.01).

Individual and/or program division work plans are not currently used by the centre as a planning and evaluation tool. The annual Integrated Service Plan (ISP) is the mechanism which describes individual and division or team goals and objectives. The Program Committee of the board with a membership comprised of staff, board and community representation, plays a leadership role in developing the ISP. The review team was impressed with the format and detail of the ISP. This document, coupled with the ongoing work of the Program Committee in program development and evaluation, provides a blueprint for how work is conducted and enables the board to monitor the work of the centre against its strategic directions. An excellent planning and monitoring tool!

5. Hiring, Firing, Supporting and Appraising the Executive Director

WCHC has a recruitment policy specific to the hiring of an executive director. The executive director's roles and responsibilities are clearly defined in an employment contract, in a detailed job description and in selected policies and procedures (e.g., the board orientation manual, financial policies).

Policy identifies the Executive Committee as the body responsible for the evaluation of the performance of the executive director. Though the performance of the previous executive director was never formally evaluated, the current executive director's probationary review (due at 6 months) has been completed.

MANAGEMENT BUILDING BLOCK

Overall Findings

WCHC meets BHO accreditation requirements in all of the components of this building block.

WCHC meets BHO integration requirements in the following components of this building block:

- Managing Change, Managing Conflict;
- Accountability;
- Organization Structure.

1. Managing Change, Managing Conflict

Leadership at the board and management levels has supported the capacity of the WCHC to thrive in a changing, and at times challenging, environment. The most recent significant change which the centre has dealt with is the retirement of its founding executive director and the recruitment process to replace him. The board is to be commended on the way in which it undertook this responsibility. Board members, staff and community representatives/partners were involved.

Examples of other areas of change or challenge in which the centre has been involved include managing funding cutbacks; making the decision to close the roster/practice and developing the subsequent process for allowing access to services/opening the practice; and becoming involved in a variety of community issues (e.g., environmental, gambling and school closures).

At the organizational level, dealing with increased demands for service has been the priority pressure. The centre has responded in a number of ways - by reviewing and adjusting the centre's catchment area and priority populations; by reallocating funds from administrative functions to service delivery (rotating management involvement); by creating a Community Intake Committee to address roster issues; and by partnering with other service providers to ensure that services are not duplicated.

The centre seeks and responds to opportunities as evidenced by the involvement and support of midwifery services; the continued commitment to a pharmacy as a WCHC tenant; and the role it plays in community advocacy (Ontario Healthy Communities).

2. Accountability

Accountability is important to the board and management of this centre. Through policy and practice there is evidence of a good understanding of the lines of accountability -- to the community, to funders, to staff, to clients, to volunteers and to the operational values of the centre.

There are written agreements with funders. Both board and management team members knew that the reporting requirements of funders were being met.

The development of an annual integrated service plan which sets priorities, assists with

resource decisions (cost containment) and describes anticipated outcomes of each program/service, is a prime example of the centre's commitment to accountability. This document, as well as registration of clients and data collection specific to each program, have allowed the centre to assess that it is doing what it says it does in spite of the lack of a functioning computer tracking system. Informal feedback from board, clients and community as well as community partners (survey of community partners highlighted the responsiveness and range of services of WCHC), also plays a role in informing the centre of the impact of its services.

As a result of its relationship on a number of levels in the community, the centre is either involved in identifying community issues or has access to information which allows it to identify and act on opportunities. Some examples of this include acting on information gained in chart reviews of diabetes patients to develop treatment protocols; incorporating the health education program Heartsteps to Health as a result of multi-disciplinary team work which identified an increase in the number of patients with high blood pressure and high cholesterol.

3. Organization Structure

Rotation of responsibilities has been a longstanding component of the way work is done at WCHC. The centre, using an opportunity for change (i.e., the retirement of the clinical coordinator and the end of the program coordinator contract), has recently changed its structure to ensure cross team involvement in the management team and to allow more resources to be directed to service delivery. Rotating (every nine months) community and primary care team representatives to the management team accomplishes a number of things -- it brings staff input/perspective to the management functions through a formal link to the service teams; it creates a collective decision-making process which is in keeping with the centre's values; it provides a professional and personal development opportunity for staff; and it increases staff understanding of the work of the organization as a whole. The organization structure is very flat with no middle management positions and all supervisory responsibilities held by the executive director. The review team was told that in the light of future growth and the potential impact on the executive director's workload, it is the intention to informally evaluate the impact of rotating responsibilities, last evaluated in 1999.

4. Sharing Responsibility

As previously indicated, WCHC's organization structure is very flat. Responsibility and authority are willingly shared across the organization. Staff are independent and self-directed. Accountability occurs through job descriptions, program work plans specified in the integrated service plan, team meetings, regular supervision meetings and annual performance appraisals. Rotating team representatives to the management team is another example of sharing responsibility. Based on the concept of self-managed teams, the leadership roles on teams are shared.

Policies exist to support staff and clients in bringing forward their concerns in a formal way.

A client grievance procedure and the newly-instituted client feedback box are two mechanisms for client input. The centre is encouraged to consider expanding the ways in which it solicits client input through the development and implementation of a client survey to ensure more clients have an opportunity to provide feedback. It is felt that this tool would solicit broader client representation (BHO question 4.4.1.03).

Lines of accountability are clear and used in support of staff and service delivery. Staff and board members repeatedly defined the centre environment as respectful and supportive. The involvement of board, staff and community volunteers in the committee structure and in support of service delivery is seen as an asset which reflects the values of the organization.

5. Teamwork

Teamwork is an organizing principle of WCHC and is integral to the way work is done. Formal teams exist - management, community, primary care and RISC (Reception, Information, Support Centre).

As self-directed team members, staff seem to understand their roles and accountabilities and indicated that the system works well for them. The review team would encourage the centre to formalize the roles and accountabilities of teams -- for example, terms of reference for all teams and consistency in how minutes are taken (BHO questions 4.5.1.03, 4.5.1.07).

6. The Organization as a Learning Organization

WCHC has a mix of skills, awareness, knowledge and experience to support its work. Ongoing professional development is valued by management and staff. On an individual basis gaps in skills are addressed through access to professional development. Policy and practice support this commitment (e.g. staff development budget; generous time allocation for training; in-service opportunities; flexibility in the use of time and resources).

The centre has shown an ability to respond to issues as they present themselves and a willingness to look at different perspectives. Learning new skills or behaviours to assist the organization in responding to issues/problems/illnesses will require a more pro-active, analytical approach when reviewing current practice patterns.

ADMINISTRATIVE SYSTEMS AND PRACTICES BUILDING BLOCK

Overall Findings

WCHC meets BHO accreditation requirements in all of the components of this building block.

WCHC meets BHO integration requirements in the following components of this building block:

- Centre Accessibility and Responsiveness.

The review team found the centre to be *innovative* in the following component:

- Client Accessibility and Responsiveness.

Note: There are no integration level requirements for the Client and Service Information Systems component of this building block.

1. Financial Management Systems

WCHC's financial systems, policies and records are comprehensive and well-maintained, conforming with Generally Accepted Accounting Principles. The centre has a number of checks and balances built into the system to safeguard the organization (e.g., three staff positions, the executive director, bookkeeper and administrative assistant, directly involved in various financial activities such as tracking, payroll, invoicing, purchasing etc.; role of the Finance Committee; two signatures on cheques; board policy regarding expenditures.)

In the preliminary report the review team recommended that the centre develop a policy prohibiting the authorization of one's own expenses and implement the prescribed practice as a safeguard for the organization. In its response to the preliminary report the centre advised that it had developed, ratified and implemented a policy prohibiting the authorization of one's own expenses. The policy, as quoted, covers expenses of staff, board and the executive director. This satisfies the accreditation requirement.

WCHC maintains an extensive list of its assets. All items identified in reviewing the assets were easily located. The review team suggests that the centre develop a system of inventory control which labels items in some way so that if they are moved around the centre there will be a tracking system to assist in locating them (BHO question 5.1.1.11).

2. Risk Management Systems

WCHC has an active Occupational Health and Safety Committee which ensures a safe working and service environment. It meets quarterly and conducts monthly

inspections. The occupational health and safety policies and procedures are excellent!

Interviews confirmed an awareness that first aid supplies are available in the treatment room. The review team identified in its preliminary report that having visible, accessible first aid kits was a BHO requirement. It was recommended that the centre place first aid kits in selected public/program spaces. In its response the centre confirmed that it has installed wall-mounted first aid kits in the three areas which are used for public programming. The review team is satisfied that the accreditation requirements have now been met.

The centre has an evacuation plan which is posted in the staff room and is known to staff. Practice drills occur under the direction of the Occupational Health and Safety Committee. The review team suggests that the centre consider more visible signage detailing evacuation routes, particularly in public/program spaces (BHO question 5.2.1.14).

The centre has demonstrated an understanding of the need to anticipate risks to its assets, staff and clients. Particular attention has been paid to risks associated with an increase in the number of aggressive clients (e.g., installation of panic buttons; code red file; and in-service training for staff in dealing with difficult clients). Incident reports are completed, filed and reviewed by the management team for action.

3. Human Resource Policies and Practices

WCHC has written human resource policies and procedures which are consistent with the philosophy and operating values of the organization and which were revised 3 years ago. Staff indicated an awareness of them and an understanding that practice conformed with policy.

Volunteer involvement is highly valued by this organization. Currently 91 volunteers contribute many hours of meaningful work to the centre. Comprehensive policies exist to guide and support their involvement -- volunteer rights, recruitment, job descriptions, supervision and confidentiality. In the absence of resources to designate responsibility for volunteers, the policy is that volunteers are managed by the program staff for whom they are "working".

Job descriptions are current for all centre positions. Most of these have been reviewed over the past three years and will continue to be reviewed as part of the performance appraisal process.

WCHC's human resource files were in excellent shape. A spot check of randomly chosen files against the BHO checklist indicated most if not all files were complete. The review team was impressed by the number of performance reviews completed as defined by policy! There is an interest in the organization in expanding input into the performance review process to include management and peer comments. It was noted that though the files were largely up to date, in a couple of cases current annual renewals of professional certification were missing. This is not to imply that certification does not exist, rather that proof of current certification is not present in these particular files. The centre is encouraged to follow-up on obtaining these for the files (BHO Human Resource Records Checklist, question 5.3.1.15).

Staff formally request educational/professional development leave which is approved by the executive director. A record of professional development is included in the personnel files.

A policy exists to address staff complaints or grievances which is well-understood by staff who also indicated a high degree of comfort in using this process. Informally, staff have opportunities for input into decisions which affect them through team and staff meetings, easy access to the executive director and involvement on board committees. The centre is encouraged to explore mechanisms to formalize how staff have input into the review of human resource policies and practices (BHO question 5.3.2.05).

The composition of hiring committees, as stated in policy, includes community representation, demonstrating a commitment to hiring practices which promote the employment of a workforce responsive to the needs of the community.

4. Centre Accessibility and Responsiveness

Much effort has gone into ensuring that WCHC is an inviting and welcoming place. The space is physically, culturally and socially accessible. An elevator provides access to the downstairs meeting space; childcare is provided for centre programs; resource material and program information is easily accessible in the resource library; the waiting area has a children's corner; relevant information is translated and interpretation services can be arranged if needed.

The review team was particularly impressed with the efforts made by the centre to be culturally sensitive and accessible to the needs of the Mennonite community. This is demonstrated through a number of strategies -- a horse shed in the parking lot; the development of the Old Order Advisory Group; the development of services specific to this community such as Gesundheit Fur Kinder (training of peer nutritionist workers) and a payment option for health care. Recognition of cultural family dynamics and the need for the support of husbands for their wives' participation resulted in the development of a recreational program component to Gesundheit Fur Kinder to include husbands/fathers.

The review team quickly became aware of the challenges the centre faces in working in a predominately rural community. Clearly, reaching out to the community is a priority for WCHC. Going to the community is a service strategy evidenced by many programs such as the home visiting component of Gesundheit Fur Kinder; hospice outreach; the role of the rural community worker (farm safety days), the well adult program and participation in the annual Seniors Health Fair.

Developing and maintaining links with a culturally and geographically diverse community has required a number of strategies on the part of WCHC. The centre has successfully built and maintained partnerships with other service providers and local community leaders (e.g., Public Health, schools, St. Jacob's Birthing Centre, St. Jacob's Family Support Centre, Waterloo Interfaith, VON) to name a few. A quarterly newsletter is mailed to 7000 households in the catchment area. As well, communication with the Mennonite community is enhanced through the development of a resource/information newsletter linked to quilting (The Health Quilt). The reviewers noted with interest the strategy of providing two copies to each recipient so that one could be passed on to a friend. A good relationship with both of the local newspapers gives WCHC additional access to the community at large.

The review team found the centre to be *innovative* in the Centre Accessibility and Responsiveness component, demonstrated by the ways in which it responds to the cultural needs of the Mennonite community in order to make its services accessible.

5. Client and Service Information Systems

The review team acknowledges the centre's frustration in dealing with the current York Med software. The centre is encouraged to continue in its efforts to monitor client and service information.

Over the last three years the centre has used client and service information to adjust their priority populations to include young families and to recognize the growing complexity of needs in their increasing seniors population.

COMMUNITY CAPACITY BUILDING BLOCK

Overall Findings

WCHC meets BHO accreditation requirements in the following components of this building block:

- The Helping Relationship;
- Group Development;
- Community Action;
- Education of Future Health Professionals.

WCHC meets BHO integration requirements in the following components of this building block:

- Group Development;
- Community Action;
- Education of Future Health Professionals.

The review team found the centre to be **innovative** in the following component:

- Group Development

The Research component currently does not apply to WCHC.

1. The Helping Relationship

Fostering positive helping relationships is a high priority and area of strength for WCHC! The review team commends the centre on the development of a client orientation session to inform new clients of their rights and responsibilities, to explain centre policies regarding confidentiality, consent and release of information and to introduce people to the programs and services. Clients are also considered to be and are provided with opportunities to be equal partners in planning and decision-making regarding their health care.

Client opinion is assessed through the newly-instituted client feedback box, through program evaluations, community needs assessment and through the work of the Program Committee, as well as informally through communication between clients and their providers. As previously indicated, the centre is encouraged to assess client opinion more often and more broadly through a regular client satisfaction survey. There is an awareness of and expressed comfort with procedures which assist in resolving situations where a helping relationship has broken down.

Clients are made aware of various resources available within the centre and elsewhere in the community through direct referrals, promotional material, the centre's newsletter.

Clients are provided with a range of information and services addressing various health issues -- Diabetes Self-care, Healthy Weights, Seniors Fitness, Heart Health and

Cancer Prevention, Women's Health-Menopause.

The review team recognizes and is sensitive to the dynamics of the rural community and the fact that most board, staff and clients wear many hats. Policies exist regarding boundary issues related to relationships and communication with clients (confidentiality, release of information, professional relationships, conflict of interest). There is an awareness of the potential problems which might arise and an understanding that an individual's best judgment is used to guide interactions. The review team suggests that the centre (board and staff) have a dialogue concerning boundary issues and consider strengthening written policies to safeguard and support staff in addressing boundary issues. (BHO question 6.1.2.05).

2. Group Development

Group Development is another strength at WCHC. Group work is a component of many services/programs and is seen as a way to reach more people, address isolation issues, build community support and encourage individual skills. Group participants appear to represent the diversity of the community served -- from young families to seniors, including the Mennonite communities and rural farm families.

A few examples of the range of group work offered include HUGS, Gesundheit Fur Kinder, Diabetes Education, Parkinson/Fibromyalgia Fitness, Better Bones (osteoporosis), Caregiver Support Group, Cancer Support Group and Well Adult groups, Menopause support. Groups are run using a variety of models such as staff-directed, staff-facilitated, volunteer or peer facilitated. The centre works to build the capacity of community groups to support their own activities evidenced by the peer train the trainer model used in Gesundheit Fur Kinder, HUGS and the Seniors' Health Fair which is now facilitated by the community with the participation of WCHC.

There is space in the centre for groups to meet including the basement room which was specifically designed to allow community access to centre space. Group work is defined in many job descriptions and training in group facilitation is a qualification requirement in a number of positions.

The review team considers the WCHC to be *innovative* in its creative development of groups as a health promotion strategy and in particular in its work with the Mexican Mennonites. Through the Gesundheit Fur Kinder program, peer nutrition workers have been trained to provide pre and post-natal support to isolated Mexican Mennonite women. In addition, "*A Mother's Garden*", *Peer Nutrition Workers Training Manual*, has been developed as a resource to be shared with other centres or communities.

3. Community Action

WCHC board and staff have well-developed connections with community leaders. There is a good understanding of the dynamics of working in a rural community and sensitivity to “small p” political issues.

Numerous examples were cited of the various roles that the centre has played in community mobilization and advocacy -- Healthy Communities, rural school closures, no-smoking by-law, waste disposal practices by Uniroyal and gambling/slot machines.

Strategic to the role of advocating on behalf of the Mennonite community is the centre's involvement in the Old Order Advisory Group.

Staff seem to have a good understanding of their roles and limitations in community action as described in their job descriptions and the ISP. Having a finger on the pulse of the community as they do, allows staff and board to anticipate, where possible, when a community action might become political.

Community action involvement often grows out of community requests to the centre to assist in addressing an issue. The centre has a written policy and procedure to assist staff and board in making decisions regarding the centre's response to requests for involvement. WCHC participates in a variety of roles in responding to these requests -- as leaders, as partners and as enablers. The centre is very comfortable in supporting community rather than always assuming the leadership role.

4. Education of Future Health Professionals

WCHC welcomes and plays an active role in supporting the education of students from a variety of educational institutions. Written policy exists on the placement and supervision of students as does a written agreement with the institution.. The centre's insurance policy covers students on placement. Clients are informed of the potential for student involvement in their care and are given a choice about their involvement. Effort is put into matching and orienting students to ensure that the placement is a valuable and meaningful experience for both the student and the centre. These findings were confirmed in the Community Partners Survey results, Supplemental Questions for Educational Institutions.

5. Research

WCHC is not currently involved in research. A proposal for research related to the centre's work in the area of diabetes is in the planning stages. Discussion regarding ethical guidelines is occurring and will be developed in consultation with a University Ethics Committee.

PROGRAMS AND SERVICES BUILDING BLOCK

Overall Findings

WCHC meets BHO accreditation requirements in all the components of this building block:

WCHC meets BHO integration requirements in the following components of this building block:

- Service Delivery Philosophy;
- Determination of Needs and Preferences;
- Health Promotion Across the Continuum

Note: There are no integration requirements for the Qualified Providers or Collection, Retention and Release of Information components of this building block.

1. Service Delivery Philosophy

WCHC's philosophy of service (i.e., operational values) are seen as a "living document" by all associated with the centre. They were recently reviewed and revised with board, staff, client and community input. The values are understood, shared and reflected in every aspect of the centre's work -- governance, planning, management and service delivery. The review team repeatedly heard that the operating values provide the yardstick against which all decisions which affect the centre are measured. This is evident in the integrated service plan.

2. Determination of Needs and Preferences (Assessment)

WCHC's intake and needs assessment process includes identification of both the provider's and the client's perception of the client's health issues and is reasonably comprehensive and holistic as defined in Checklist 7-a.

Reception staff play an integral role in directing individual calls. Information regarding how "to make the most of your health care" is regularly included in the centre's newsletter "Update" and is posted in the waiting room.

Information obtained through individual needs assessments has resulted in the development of new health promotion/education programming (e.g. Women's Health-Menopause Series, health at Any Size Group, H.U.G.S., Heartsteps to Health, partnership with Hope Spring to support patients and families dealing with cancer.)

3. Comprehensive Interdisciplinary Health Care

WCHC offers a broad range of programs and services which respond to the identified needs of the community and appear to be consistent with funding agreements.

Partnerships allow the centre to augment the continuum of services offered (e.g., Community Care Access Centre; Rotary Children's Centre for speech therapy, Nutritionist). Partner providers attend staff/team meetings as appropriate. The centre has a specific policy related to the coordination of shared services.

Community partners commented that advocacy both on behalf of individuals and on behalf of the health of the whole community was a real strength of WCHC.

Examples include the efforts on behalf of the Mexican Mennonite community regarding the need for an integrated program at the high school level to address literacy issues of teenagers; the creation of the well adult program in response to VON's decision to remove a service from the community; and the activities of the Healthy Communities initiative in addressing environmental issues.

The centre has used verbal and written contracts successfully to support clients who have difficulty implementing their plans of care.

The coordination of interdisciplinary health care is practised and happens informally. The review team suggests that the centre might formalize the way in which the care of complex or multi-provider clients is coordinated (e.g., a regular system for case conferencing) (BHO question 7.3.2.02).

4. Health Promotion Across the Service Continuum

Across the teams and disciplines there is a good understanding of, and support for, health promotion activities rooted in and consistent with the determinants of health. The board is open to developing an increased understanding of health promotion and its relationship to the delivery of holistic health services. Resources and time are allocated to health promotion activities with health promotion responsibilities identified in many job descriptions across the disciplines.

The centre works with individuals, community groups, community organizations/service providers and politicians to promote the health of the community.(e.g., Healthy Communities initiative, air quality, expansion of highway #7 and gambling/slots).

5. Qualified Providers

WCHC provides staff with opportunities to maintain their skills or basic competency to ensure compliance with the quality assurance requirements of their respective professional colleges. This information is retained in personnel files. Staff have appropriate credentials and/or experience to perform their tasks be it technical training or population-based activities. Hiring practices are clearly defined in policy. Priority is given to internal applicants who meet the qualification requirements of posted positions.

6. Collection, Retention and Release of Information

The review team was told and observed that the centre collects information appropriate to the program or service provided as described in BHO Checklist 7-b. The centre has policies and procedures which protect client information contained in paper files, computer files and staff knowledge. Documentation allows for coordination of care across the centre.

The review team strongly encourages the centre to review BHO Checklist 7-c and develop additional policies to strengthen the protection of the centre and clients regarding release of information. Though practice exists and is understood, policies and procedures to clarify how communication occurs with the police and with the media are recommended.

The centre's requirements for confidentiality are stated in employment contracts. It appears that practice conforms with this requirement. The policy regarding staff obligations of confidentiality are referenced in the client policies and expressed as a client right. The review team recommends that the centre also develop a written confidentiality policy outlining obligations for staff, board and students and implement a policy and practice of having signed oaths of confidentiality for all board, staff and students, much like the policy for volunteers (BHO Checklist 7-c).

7. Minimizing Client, Centre and Provider Risk

WCHC has developed some policies and procedures to prevent illness or injury in the clinical services (e.g., waste management, HIV, TB Testing, Sexual Harassment, allergies to scents). Staff demonstrate an awareness of how to minimize risk and knowledge of supporting policies or procedures (e.g., home visiting guidelines and dealing with aggressive clients). Given the large number of seniors served, the centre is encouraged to develop additional policies to guide practice in risk situations, such as, recognizing and dealing with elder abuse and dealing with living wills (BHO checklist 7-d).

The centre has identified the increase in the complexity of the needs of seniors as an emerging service situation which could put the centre at risk given the increased demand this will place on resources. The centre has also recognized the increase in aggressive clients as an emerging high risk service situation and is developing in-service training to assist staff in dealing with such clients.

8. Peer Review

It is clear that there is consultation and informal communication among providers regarding the provision of services to individuals. Chart audits are conducted 2 or 3 times a year using the BHO format. Case conferences occur on an as-needed basis. Occasional in-service training has resulted from chart audits (e.g. HRT, Vitamin E). The Medical Directives Committee has the authority to institute an unannounced chart review. Across the organization there has been an expressed interest in broadening peer input into assessing performance.

The review team commends the centre on the work being done in utilizing evidence-based guidelines, particularly in the areas of palliative care and diabetes.

CONCLUSION

The review team was impressed by Woolwich Community Health Centre's involvement in its community and the obvious value that the community places in the centre. Its creative programs and services designed to reach a diverse community are to be commended. Board, staff and volunteers feel a strong sense of ownership and pride in this organization.

WCHC's practice meets professional requirements and is reflective of the mission and values of the organization. Though practice is understood and consistent, sometimes supporting documentation is lacking. The centre is encouraged to formalize its practice to further safeguard board, staff and clients. It is noted that in its response to the preliminary report the centre indicated it is developing a work plan to address suggestions made by the review team for further growth.

The centre has engaged in BHO as a positive learning opportunity, an approach which is demonstrated in many other aspects of the centre's work. Woolwich Community Health Centre has much to celebrate! We encourage the centre to share its areas of innovation with other non-profits and community health centres.

Congratulations to board and staff of Woolwich Community Health Centre on achieving accreditation.

Respectfully submitted by:

Zelda Shore
on behalf of review team members
Susan Bland
Lorraine Thomson

**Appendix: Summary of Results of BHO Review
Woolwich Community Health Centre**

Building Block/Component	Meet all Accreditation Level Requirements?		Meet all Integration Level Requirements?		Achieved Innovation?
GOVERNANCE					
1. Board Establishment & Development	–			–	
2. Trusteeship	–		–		
3. Beliefs & Principles	–		–		
4. Strategic Thinking	–			–	
5. Hiring, Firing, Supporting & Appraising the Executive Director	–		N/A		N/A
MANAGEMENT					
1. Managing Change, Managing Conflict	–		–		
2. Accountability	–		–		
3. Organization Structure	–		–		
4. Sharing Responsibility	–			–	
5. Teamwork	–			–	
6. The Organization as a Learning Organization	–			–	
ADMINISTRATIVE SYSTEMS & PRACTICES					
1. Financial Management Systems	–			–	
2. Risk Management Systems	–			–	
3. Human Resource Policies & Procedures	–			–	
4. Centre Accessibility & Responsiveness	–		–		
5. Client & Service Information Systems	–		N/A		–
COMMUNITY CAPACITY					
1. The Helping Relationship	–		–		
2. Group Development	–		–		–
3. Community Action	–		–		
4. Education of Future Health Professionals	–		–		
5. Research	N/A		N/A		

PROGRAMS & SERVICES						
1.	Service Delivery Philosophy	—		—		
2.	Determination of Needs & Preferences	—		—		
3.	Comprehensive Interdisciplinary Health Care	—			—	
4.	Health Promotion Across the Service Continuum	—		—		
5.	Qualified Providers	—		N/A		N/A
6.	Collection, Retention & Release of Information	—		N/A		
7.	Minimizing Client, Centre & Provider Risk	—			—	
8.	Peer Review	—			—	